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PTO/SB/07 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number

09/436,184

Filing Date

11-8-99

Applicant(s)

WANDS et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims	38							
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